IAT

Immuno-Augmentative Therapy For Animals

Cancer
Research & Therapy

SMITH RIDGE VETERINARY CENTER

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FORWARD

This booklet is intended to inform a broad cross-section of people interested In understanding the background, basis, effects and potential of Immuno-Augmentative Therapy (IAT) for controlling most forms of cancer. While this Information will have interest for scientists and physicians, it does not attempt to emulate or take the place of clinical data. This information is presented solely to inform you that, while there is no cure for cancer, there is available an effective, non-destructive and scientifically safe method of controlling cancer by restoring the competence of the patient's own immune mechanisms.

The information contained herein is based upon the work of Dr. Lawrence Burton in the field of human cancer, with subsequent application of Dr. Burton's IAT program by Drs. Robert and Martin Goldstein in veterinary medicine. Much reference, therefore, will be made throughout this booklet to Dr. Burton and his work, as it serves as the basis for the success the Goldsteins are presently experiencing In the effective control and frequent reversal of diagnosed states of malignancies and associated immuno-deficient disorders in their practice.

HISTORY

Lawrence Burton had studied cancer for thirty seven years since receiving his Ph.D. from New York University in 1955. The progress of his research into factors which influence tumor growth ultimately led him to isolate certain naturally occurring factors — proteins in human serum — which cause tumor regression. After years of experimentation with laboratory animals, the knowledge had to be transferred to human cancer if progress were to continue. Dr. Burton's attempts to satisfy the conditions and demands of the National Cancer Institute, American Cancer Society, Food and Drug Administration, and countless medical societies and journals were frustrated at every turn. Negotiations deteriorated, then disappeared. Dr. Burton made the difficult decision to leave his home and his peers when it became apparent that such a move was the only way he could really help people with cancer. With private financial backing, the Immunology Researching Centre, Ltd., was established as a not-for-profit corporation of the Commonwealth of the Bahamas in 1977.

From 1977 to 1993, more than 5,000 human patients have participated in a research project. And with each successive patient; with each advance in the sophistication of laboratory equipment; and with the growing abilities of computers to make rapid correlations among massive pieces of patient information, patients receive the cumulative and updated advantage of every patient's data to date.

The kind of patient seen at the Centre has not changed over the years. Patients who had tried everything else but failed — who had been abandoned by conventional medicine — come to Freeport. Most are in the terminal stages of their disease; most have already been through extensive chemotherapy and/or radiation; and most do not have the support, both medical or personal, of their physicians at home. Not only have these patients been hard to treat, they have been hard to follow after returning home, and the usual controls and reports of medical treatment have not been available.

Under such conditions it has been impossible to collect or try to correlate statistical evidence that fits the textbook requirements of the medical/scientific community in the United States. Today, increased patient and physician awareness of safe, effective alternatives for cancer control is bringing more cooperation into the treatment regimen. Many family physicians and specialists are seeing the benefits

of an adjunctive use of IAT with surgery, chemotherapy or radiation to achieve the best results possible from combinations of all four modalities.

From a layman's point of view, however, a survival survey shows some promise. In 1977, 288 patients presented themselves at the Immunology Researching Centre for evaluation and therapy. Of those, 11 died on the day of, or the day after, their arrival and before they could receive treatment. Five years later, we were able to locate and verify the good health of at least 50 of the 277, or 18%. Patients continue to present themselves in similar serious conditions, but response rates today are much better.

After years of experimentation, IAT has become a viable therapy which is producing long-term regression and some complete remissions in human patients. The individual cancer patient now has greater odds in his favor because: 1) more and more physicians are recognizing that there is only so much that can be accomplished with the standard tools of surgery, radiation and chemotherapy, and that their professional obligation to their patients cannot ignore other possibilities as adjuncts or alternatives; 2) patients themselves are far less timid about questioning their physicians about what is intended and expected to be gained from the recommended procedures; 3) immunology has gained broad recognition as the most logical and likely basis for determining cancer cause and control, and perhaps future care.

The brothers Robert and Martin Goldstein have been associates in a clinical veterinary practice—the Smith Ridge Veterinary Center in South Salem, New York. This practice specializes in alternative approaches to chronic, degenerative disease with specific emphasis on cancer therapy. The Goldsteins' history regarding the treatment of cancer and subsequent association with Dr. Burton is as follows:

Early in his practice, Robert became concerned with animal cancer. During the early 1970s, he developed a type of freezing technique called cryosurgery to treat malignant and inflammatory conditions in those animals not responding to the usual medical or surgical procedures. Cryosurgery's use is exemplified in difficult to-remove oral tumors. In humans, the tumor and part of the jaw may have to be removed; in animals this procedure is impractical since post-operative management is almost impossible due to feeding restrictions. Before cryosurgery many animals with this type of cancer were subsequently euthanized, but the new procedure presented an alternative. The process involves tumor destruction through the radical lowering of cellular temperature (similar to a controlled frostbite). Cancer cells are destroyed while much of the surrounding healthy tissue is unharmed. The procedure is fast, relatively painless, and offers the animal patient relief plus an extended life span.

At one time, Dr. Goldstein was associated with a prestigious veterinary hospital and teaching center in New York City, where he used chemotherapy, radiation therapy, chemical immunotherapy, and radical surgery. He noticed that these therapies prolonged the animal's life rather than induce a remission. A common statement to the pet owner: "The prognosis is two to three months. With chemotherapy you can expect six months to a year." And what about the potential side-effects of these therapies?

Dr. Goldstein perceived that his cryosurgery, although effective in debulking the tumor and allowing the animal some comfort, was also only temporary; the malignancy would eventually grow back. He, in conjunction with his brother, then began exploring the holistic approach (the principal that a part is understandable only in its relationship to the whole) to health care and the importance of a healthy immune system in disease treatment and prevention. It soon became apparent that chemotherapy, chemical immunotherapy, radiation, surgery, and cryosurgery, while offering temporary relief did nothing to support the body's own natural defense mechanism. Eventually, the animal's immune mechanism failed and the

cancer returned, usually worse than it was initially.

At this same time, Robert's wife, Susan, was doing volunteer work for the Foundation for Alternative Cancer Therapies in New York City; a service for cancer patients seeking alternatives. Through this organization, she introduced her husband and brother-in-law to a number of cancer therapy programs used in treating humans.

No alternative programs were being utilized in the veterinary field, so the Goldsteins began implementing various therapies. After years of trial and error, several effective alternative programs evolved offering animals comfort, tumor control and shrinkage. However, a majority of the animals relapsed and eventually died. A major problem involved monitoring the animal's body during detoxification. As therapy was helping the body to restrict cancer growth, the resultant toxic waste from tumor breakdown was being eliminated from the body. But there was no test to determine the strength or weakness of an animal's immune defense mechanism or the breakdown process of the tumor. Since the animal could not communicate, the two veterinarians had only one gauge, the animal's clinical appearance. Blood and urine tests, accurate for medical diagnosis, gave only slight clues as to the patient's natural defenses or toxic waste elimination status. Unfortunately, it became common for a patient doing seemingly well clinically on an alternative program to succumb either during a detoxification or of undiagnosed metastatic disease.

In May, 1983 Robert and his family were vacationing in Freeport. Having heard of Burton's work, he made an appointment and spent several hours learning about immuno augmentative therapy. Burton offered assistance in setting up a therapy program for animals, providing the necessary laboratory support to initiate animal treatment at the South Salem facility. Goldstein determined that the ability to assess immune system competence, along with direct immunosupport, was the key portion missing in his own program.

Work with Dr. Burton began immediately that summer of 1983 and, after two months of rough beginnings, a working protocol was established for immuno-augmentative therapy for animals between Westchester County, New York and Freeport, Bahamas.

By the fall of 1983, the first eight cases under a more organized therapy protocol began. Within a short period, a favorable clinical response was noted in the majority of these cases. Treated with response within this initial group were such cancers as tonsillar adenocarcinoma, clinical feline leukemia virus, pancreatic insulinoma, malignant mammary adenocarcinoma, melanoma and recurrent malignant mast cell sarcoma.

In the spring of 1984, after one year working apart, Martin Goldstein again joined his brother Robert in clinical practice. Although well-versed in alternative approaches to disease, he was rather skeptical of the logistics involved with the application of IAT to pets. This point of view changed rapidly, however, as Martin gained experience with the program and witnessed the obvious beneficial effects of incorporating IAT with clinical practice.

After a decade of working in conjunction with Dr. Burton and, by sending all blood samples to his Freeport, Bahamas laboratory, a working replica of the IAT laboratory has been established and is functioning at the Smith Ridge Veterinary Center.

Currently, Martin operates the clinical practice and the IAT laboratory at the Smith Ridge Veterinary Center, while Robert is involved with the business and political aspects of their association.

CANCER & IMMUNOLOGY

A single, simple definition of cancer—even if one were available—could not adequately describe the fear that cancer evokes in our lives. Cancer's terrifying spectre combines fear of the disease and its treatment. Illness is taken for granted, and death is expected. The negativity and feelings of hopelessness imposed by well intended but ill-equipped professionals and friends sometimes becomes overwhelming to a person whose pet has been diagnosed with cancer.

A whole new cancer vocabulary becomes necessary to even begin to understand "what is wrong." To then come to grips with "what the chances are" and "what the choices are," the pet owner must take command of an extraordinary amount of new, strange medical terminology in order to make reasonable decisions about primary and/or alternative courses of therapy.

In a medical environment where there is no common agreement on what cancer is, there is even less certainty on how to treat it effectively. The person who accepts some personal responsibility in gaining knowledge, challenging pat answers, and being an active decision-maker will almost always achieve better results than does a passive, uninvolved person who more or less accepts that their pet is going to succumb to this dread disease.

CELL ORIGINS AND GROWTH

The body survives and grows by the normal process of "old" cells dying and being replaced, by "new" cells; a process called mitosis, or cell division. Among the millions of cells undergoing this daily process, mutant changes naturally and expectedly occur within a small percentage of the cells. Mutant cells are most often identified, destroyed and eliminated by the native immune system of healthy individuals.

Each part of the body has its own unique kind of cells, - e.g. muscle, bone, nerve, blood, liver, stomach, hair and nails. The nucleus of each cell contains chromosomes which carry genes for transmitting hereditary factors. The nucleus also contains a "blueprint" or "set of rules" to guide and control the cell division and growth process. Through unknown means, mutations occur in the normal cell growth process and become wild and uncontrolled. Through this mechanism, cancer disturbs life at its most basic level—the cell. Cells normally resist such mutations which is the function of the native immune system. Immunity is a blood-based system and all tissues are influenced by it as blood circulation occurs. What causes the mutations and what happens to damage this immune resistance are the central unknowns in the war against cancer.

IMMUNE DEFICIENCY

It is known, however, that cancer is a disease of immunosuppression, or immune deficiency. Many scientists believe that when immunosuppression occurs cancer cells are not neutralized or destroyed, but rather are allowed to proliferate, invade nearby tissues and migrate to other areas of the body. Malignant tumor cells are parasitic and live on the tissues of the host, forming their own nutritional system. As they grow, cancer cells replace normal, functional tissues with useless tissues. As more and more healthy tissue is eliminated, the normal functions of that organ are impaired. If the organ subsequently fails, the body may die. Frequently, this is the way cancer kills.

While the prevention of cancer will come from research in genetics and decoding the "master plan" for cell growth, the treatment of cancer today is greatly enhanced when immune deficiencies can be corrected.

For localized cancer growths, surgery or radiation may remove the growth, but some cancer cells may remain. Chemotherapy is

sometimes given to "ensure destruction" of cells which may be present. Chemotherapy does kill many of the residual cancer cells and some of the normal cells—but often some cancer cells remain. If, after chemotherapy, the immune system doesn't destroy these remaining cancer cells, cancer can return in the same or other region (metastases) to threaten health and life.

IMMUNE DEFENSE AUGMENTATION

An immune defense against cancer antigens is initiated naturally in most, if not all, patients contracting cancer. If that immune response is initially impaired by the disease, or previously was impaired to allow the disease, and is then further weakened by radiation or chemotherapy, the immune system will not be able to destroy all of the existing cancer cells. The immune system can be augmented to destroy the cells and metastatic or local recurrence of cancer. Augmentation might be done prior to or in conjunction with surgery to improve immune responses, and with radiation or chemotherapy, to counteract the immunosuppressive effects of these therapies. Such applications may enhance the effects of surgery, chemotherapy, and radiation and may also protect the normal tissues from their deleterious effects. Augmenting the immune system between radiation and chemotherapy treatments can also reverse iatrogenic (treatment-induced) immunosuppression. Recognizing that immunosuppression can be a product of both carcinogens and some treatment modalities, the most effective augmentation modalities will strengthen immune responses rather than weaken them, and will not induce deleterious side effects.

Immunotherapy is recognized, both professionally and publicly, as a fourth weapon in the war against cancer. As the newest modality, its role as a primary therapy or as an adjutant or secondary therapy, is becoming more well defined. Immunotherapy's maximum therapeutic value had been assumed previously to be that of an adjutant role, but scientifically documented clinical evidence now indicates that it may be most effective as a primary therapy avoiding the previously needed conventional modalities of cancer therapy leading to cancer control and tumor regression.

IMMUNO-AUGMENTATIVE THERAPY

During the 1960s, Lawrence Burton, Ph.D., with a team of scientific medical investigators, pursued a means to reduce or inhibit tumor growth. An accepted assumption was that animals have one or more components in their blood which control mitosis (cell division) and growth—and, therefore, there existed an anti cancer immune defense mechanism. They further assumed that a balanced proportion of these components results in normal mitosis and cellular growth, but an imbalance may result in malignant neoplasms (tumors). They also believed that these components could be isolated without deactivating them. Given those assumptions, their hypothesis indicated that administration of such growth components to a tumor-bearing mammal would cause the host's natural immune defense mechanism to function, and result in reduction and/or remission of neoplastic tissue. Procedures were then developed to isolate the components and to extract them preserved as they existed in vivo (in the living body). Since the exact biological structure of the components being sought were not known, it was presumed that they were polypeptides or proteins, or their derivatives. As the team's work progressed, their findings were published in a variety of orthodox journals.

Their work was also reported in Phoenix, Arizona in 1966 to faculty members of the American Cancer Society Science Writers seminar. A series of patents by the United States Patent and Trademark Office further support the origins and progress of research.

Dr. Lawrence Burton, with a staff of medical doctors and other support personnel, has provided the cancer therapy which resulted from his work to human cancer patients since 1977 at the Immunology Researching Centre in Freeport, Grand Bahamas, Commonwealth of the Bahamas. Animal studies to ensure safety and the absence of toxicity were completed before the therapy was offered to human patients. The effectiveness of safe reduction and/or remission of neoplastic tissues was well established in his work with animals.

IMMUNO-AUGMENTATIVE THERAPY

Immuno-Augmentative Therapy (IAT) is capable of effective control for all forms of cancer because IAT restores natural immune defenses against cancer. IAT does not "attack" the cancer; it restores immunocompetence so the native immune system can destroy cancer cells. Immuno-Augmentative Therapy is different from immunotherapy as generally defined. IAT is a two-step procedure: 1) Evaluation—measures "deficiencies" of the immune system first, and 2) Therapy—"replenishes" deficient factors. (immunotherapy on the other hand gives generalized stimulation to the immune system.)

The immune system of each cancer patient receiving IAT is evaluated and therapy becomes highly individualized because of these evaluation processes. The data produced by each discrete evaluation reveals the relative activity of the tumor cells and the "tumor-kill" process. The laboratory evaluation processes also provide accurate monitoring of responses to therapy. Data from these tests are accumulated in a computer and each entry, either alone or in aggregate, comprises the most individualized cancer therapy available. The response to cancer therapy is individually and frequently documented by objective measurement of tumor activity, tumor kill activity, and immune responses. Every dosage and frequency prescribed is measured by individual response coupled with years of computer files based on tumor similarities and therapy response in human cancer patients. Differing from the conventional approach based on averaged, estimated, unquantifiable dose response techniques, IAT is individualistic. After fifteen years of working in conjunction with Dr. Burton and his computer, the Goldsteins have established a solid animal data base.

A review of a simple working model may help describe the basis for viewing the normal immune functions and subsequently, the basic concept of IAT.

Everyone has an immune system which "patrols" the body for harmful bacteria, viruses, infections, etc. The immune factors are protein components of the blood. Antibodies in the immune system are responsible for identifying and destroying harmful antigens. Each antigen will be destroyed by a specific antibody type, e.g. the chicken pox virus antigen will be affected by a specific antibody type which would not necessarily have any effect on any other virus or bacteria antigen. Dr. Burton publicly stated 35 years ago that one antibody existed for defense against tumor cells—a theory consistent with then presently accepted antibody-antigen relationships. While Dr. Burton's theory was not accepted by mainstream theorists then, more recent developments related to the well-publicized "monoclonal antibody" theory seem to affirm the early discovery by Dr. Burton.

These circulating antibodies exist to identify and destroy mutant tumor cells in early development. Tumor antibodies are "alerted to the presence" of tumor cells by a protein produced by the tumor cells themselves—tumor complement factor TCF(3). Tumor complement induces the tumor antibodies to destroy the tumor cells. If the tumor cells are destroyed in an unregulated manner, however, a patient's liver may become overburdened. In the most extreme instance, a patient could therefore die of liver malfunction. To protect the body, blocking protein factors (BPF) are produced to shield the tumor antibodies and thereby regulate the rate of tumor kill. The important balance of tumor kill rate is maintained by yet another blood component—deblocking protein factor (DPF) (an alpha 2 macroglobulin)—which neutralizes the blocking protein and thereby permits antibodies to destroy tumor cells in a regulated manner. At times this dynamic process is upset and an oversupply of blocking protein factor (BPF) exists, along with undersupplies of deblocking protein factors (DPF) and tumor complement factors (TCF). (See Note 1) When this imbalance of protein factor occurs, the individual is said to be immuno-suppressed or immuno-deficient. It is in this instance when cancer advances uncontrolled. This model illustrates the antibody-antigen activity as regulated by the blocking-deblocking protein factors, along with the role of the tumor complement factor as used to describe the tumor and tumor defense activities. It is this sample model which describes Immuno-Augmentative Therapy. (See illustrations)

Note 1: *Dr. Burton's detection procedures have established this distinctive profile of imbalance for tumor bearing patients as a rule, not an exception. It is in part this measurable, reportable profile of imbalance which provides the basis for early detection of cancer – even before it becomes chronically observable. The blocking protein factor (BFP) is now well known, and its inactivating effect on the body's immune defense system has been used to prevent tissue implant rejection after organ transplants, for example.*

With IAT, measurements for relative concentrations (titers) of each of the four substances are performed.

1) Tumor Antibody
2) Tumor Complement Factor
3) Blocking Protein Factor and
4) Deblocking Protein Factor.

These substances are isolated and extracted by using procedures which are described in the United States Patents granted to Burton, et al. By applying these substances as therapy, neoplastic growths can be prevented, controlled or destroyed. After careful component isolation, titers are established from individual blood samples of each patient each testing period, the individual factor and factor-combined "readings" obtained by spectrophotometer measurement are entered into a computer for analysis and coding. Based on a computer program developed by Dr. Burton and his colleagues—a distinctive essential component of IAT—therapy is prescribed specifically for each patient based on the most recent measurement of immune system function. This process insures that each therapeutic IAT intervention is prescribed with the most recent assessment of:

1) the status of the native immune system;
2) the status of tumor activity;
3) the effects of the most recent therapy;
4) the accumulated effects of all previous therapy and response.

The solutions used in therapy to accomplish the augmentation and the restoring of balance of the immunoproteins are made up of those same factors discussed previously: 1) TCF, 2) DPF, 3) Tumor antibodies (IgA, IgG, and IgM). TCF is obtained from the serum of patients with cancer. DPF and the tumor antibodies are obtained from the serum of patients without cancer to augment the deficiencies of the patient with cancer.

After the computer has "summarized and evaluated" the accumulated data from blood tests —reflecting immediate and long-term effects of IAT on tumors—individual therapy can be projected based on past experience. Patients may then be provided with all therapeutic substances described and a computerized prescription to guide their therapy for the weeks or months which follow.

The therapy is usually administered at home by the pet owner. Check-ups are scheduled typically between every two through four weeks either at the SmHh Ridge Veterinary Center or through associated veterinarians via overnight courier service. The purpose of these visits with subsequent blood drawn is to reassess tumor activity and the prolonged effects of treatment and to update necessary therapy. The data from these rechecks of tumor and immune system responses is combined with the more conventional methods of assessing tumor regression, and symptom/disease remission to establish response to therapy.

The method developed and used by Burton is referred to as immuno-augmentative therapy (IAT). It is based on an immunologic model of the immune system that focuses on four plasma protein factors: tumor complement, tumor antibody, blocking protein and deblocking protein.

This model hypothesizes that tumor tissues produce a common antigen, which Burton has called tumor complement and which, in turn, stimulates the immune system to produce a corresponding tumor antibody. The rate at which this antibody destroys the tumor cells is regulated by the blocking protein. It prevents the liver from becoming overburdened by unmanageable concentrations of dead tumor cells. The blocking protein has been shown experimentally to prevent rejection after tissue transplantations in non-histocompatible hosts (and this protein is the object of other studies that suggest it is the solution to the anomaly of how fetal tissue successfully "invades" maternal tissue during pregnancy).

The antibody becomes effective again in the presence of a deblocking protein which neutralizes the blocking protein and permits the antibody to attack the tumor cell.

Given the dynamic nature of this model, uncontrolled tumor growth could result from an inappropriate concentration of any one of the four proteins. Burton's analysis of over five thousand patients indicates that there is a cancer protein profile that is distinguished by a depressed level of deblocking protein and tumor complement in conjunction with an elevated level of blocking protein.

The IAT method is to measure the relative concentrations of these factors then attempt to achieve optimal levels by a series of injections of the appropriate proteins. The composition of each injection is calculated by computer using formulas developed empirically over 27 years. The calculation draws on clinical examination as well as on blood analysis. Each of these therapeutic interventions is based on the most recent assessment of the patient's native immune capabilities, the status of the tumor activity, the effects of the most recent therapy and the accumulated effects of all previous therapy and response.

The goal is to encourage the patient's immune mechanism to make a broadly based attack on the tumor throughout the body. Unlike chemotherapy, which targets all rapidly multiplying cells, the immunologic response is directed specifically to the tumor. Moreover, unlike radiation therapy, attack by a balanced immune system is not sharply localized but can act against metastatic disease in widely separated body sites.

The injections contain naturally occurring proteins and cause none of the side effects of other invasive cancer therapies. Consequently, the therapy need not disrupt the daily routine of a patient. The treatment is useful as an adjunct to surgery and as a primary therapy in cases where surgery is not indicated.

Blocking Proteins: Preliminary tests suggest that the blocking proteins are prealbumins. The source is dead tumor cells. Live tumor tissue yields no blocking proteins, in contrast to the high yields from necrotic tumor tissue. The level of blocking proteins in necrotic tumor is directly reflected in the titer of blocking proteins present in blood of the tumor tissue donor. Repeated tests have indicated that the titer of blocking proteins is elevated by tumor destruction due to either immuno-augmentation, radiotherapy, chemotherapy or spontaneous regression. In contrast, surgical excision of tumor

does not involve necrosis and decreases the titer of blocking proteins. Surgery should therefore be considered a pro-immune technique.

The alteration of blocking protein titers is used as a measure of the anti-cancer activities of the diverse therapies. Techniques developed by Burton allow the isolation of two blocking protein factors. Isolation and measurement of these discrete factors are able to distinguish between recent and more remote tumor necrosis, refining the ability to measure the responses to recent therapy. They may also serve as indices of short term and long-term anti-neoplastic activity of the native immune system.

COMPOSITION OF THE INJECTIONS

Tumor Antibody: Tumor antibody fractions contain alpha-2 macroglobulin, IgG, IgM and IgA. The source is the serum of a donor without cancer. Tumor antibody levels are unaffected by radiation and chemotherapy and may even be greatly elevated in the patient who has received high doses for an extended period. Tumor Complement: The source is the clot obtained from the plasma of a donor with cancer. Tumor complement is probably produced by the reticuloendothelial system after stimulation by a dialyzable substance (peak U.V. abs. 292) derived from live tumor tissue. Immuno electrophoresis indicates that the tumor complement is a breakdown product of C3. In the presence of significant titers of blocking protein, tumor complement does not bind with tumor antibody. The level of tumor complement in the cancer donor's blood is significantly reduced by extended or heavy doses of chemotherapy or corticosteroid.

Deblocking Protein: The source is the serum of a donor without cancer. Tests indicate that the deblocking protein is an alpha-2 macroglobulin. In vitro and in vivo studies indicate that deblocking protein combines with blocking protein. The resulting decrease in the level of blocking protein enables blocked tumor complement to combine with tumor antibody. The level of deblocking protein is severely depressed by high doses of long-term radiation. Preliminary studies have indicated that the adverse effects of radiation upon the hemopoietic system may be prevented or alleviated by treatment with deblocking protein.

It is significant to note that tumor antibody obtained from numerous normal blood donor sera is able to combine with tumor complement isolated from the blood clots of donors with diverse neoplasms. There is no apparent tumor specifically associated with tumor antibody and tumor complement when they are properly isolated and refined.

PROCEDURES

Before starting the IAT program a proper, confirmed diagnosis is necessary. The animal must undergo medical evaluation including physical exam, blood tests (minimally including a CBC, Chemistry profile and a T4), biopsy or cytology to determine cancer type and location, and radiographs, sonograms, cat scans or MRI's if necessary. Once complete, submission of a serum sample for IAT evaluation can proceed.

This entire procedure can be accomplished by any one of three following methods:

1) Directly by Smith Ridge Veterinary Center by appointment only. (with exception of cat scan and MRI)

2) By dealing directly with Smith Ridge Veterinary Center at long distance utilizing telephone, overnight courier service, and a cooperative veterinarian for examination, blood sampling and special procedures, if needed, to serve as prescriber of therapy in conjunction with Smith Ridge's consultation services.

3) By dealing directly with a veterinarian associated with the IAT program, both on the patient's side and in communication with Smith Ridge Veterinary Center as consultant.

Within one week's time results will be compiled showing current immune status, prognosis and recommendations for therapy

both immunologically and nutritionally.

The actual IAT treatment program consists of the serial injections, usually given by the pet owner at home, of the previously mentioned serum proteins. These injections are administered according to a computerized printout consisting of treatment units or lines. Each line contains three to four injections administered one injection per hour. Typically, during full therapy, one line is given daily five to seven days per week, with two lines frequently administered daily AM and PM in more severe cancer cases. Insulin or allergy syringes are utilized, and the injections are given subcutaneously. With the exception of very few local allergic reactions, no side effects to the injections have been observed.

The patient's blood is again assessed in intervals ranging between two and four weeks depending upon case severity and response. At these times, immune system status is updated and new therapy regimens, if needed, are prescribed. If the response is favorable, both clinically and immunologically, the animal starts to wean off the therapy program working through maintenance towards a surveillance schedule.

In conjunction with the IAT injection program, a Bio Nutritional Analysis™ is performed from the results of the routine blood tests (CBC, chemistry profile and T-4). From this analysis, a specific, individually tailored program of nutritional support consisting of a good diet containing high-quality foods, vitamins/minerals, glandular substances and special supplements is formulated to help maintain physical stamina and assist the body through the detoxification process.

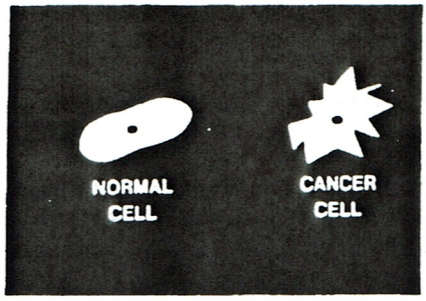

FIGURE 1: Normal cell representation (left) indicates controlled growth under proper DNA genetic guidance. Cancer cell illustration demonstrates mutant, wild, uncontrolled growth which occurs "outside" of proper genetic guidance.

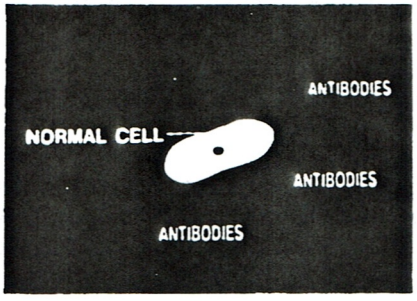

FIGURE 2: Protein substances called antibodies develop in response to antigens (i.e., bacteria, toxins, carcinogens) and circulate within the body to react with the antigens. This antigen-antibody reaction forms the basis of immunity.

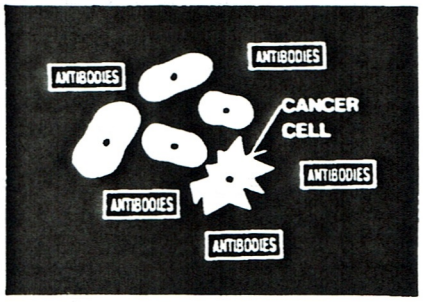

FIGURE 3: Antibodies "recognize" mutant cancer cells and attempt to repair or destroy them.

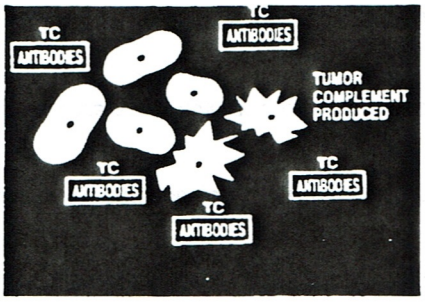

FIGURE 4: TC (tumor complement) produced by tumor cells triggers antibody activity against mutant cancer cells.

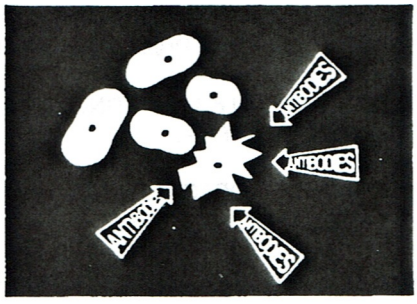

FIGURE 5: Antibodies respond to TC "triggerig" and destroy tumor cells.

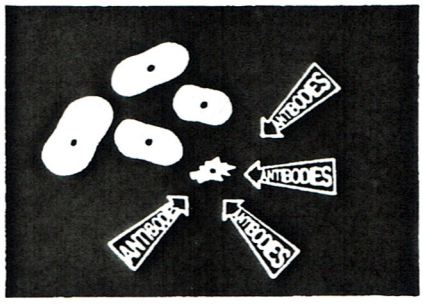

FIGURE 6: Antibodies produce necrosis and death of tumor cells. The liver "sanitizes" by processing the necrotic tumor cells from the body.

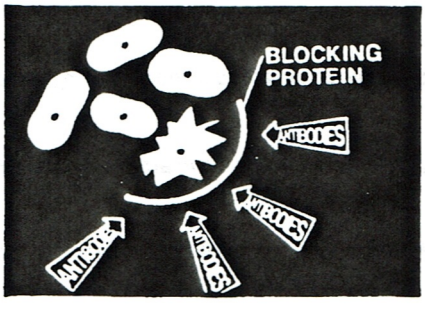

FIGURE 7: If tumor cell necrosis occurs too rapidly, the liver can be overloaded. Blocking proteins "shield" tumor cells to regulate the rate of tumor destruction to protect the liver. IAT research shows that malignant cancer conditions result in very high levels of blocking proteins. If tumor growth exceeds tumor destruction, the result is progressive disease.

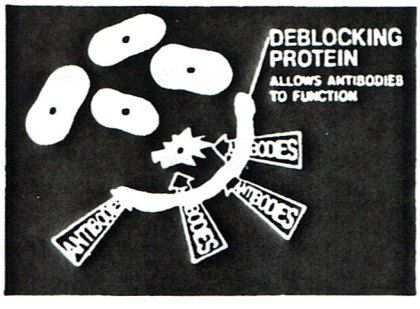

FIGURE 8: Deblocking proteins "neutralize" the blocking proteins to facilitate the access of antibodies to the tumor cells. Research shows that patients with malignant tumors possess a deficiency of deblocking protein.

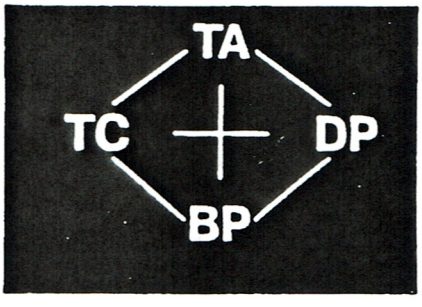

FIGURE 9: Immuno-Augmentative Therapy begins with laboratory assessment of the levels and proportions of 4 serum factors: TC (tumor complement), TA (tumor antibody), DP (deblocking protein) and BP (blocking protein). IAT provides cancer therapy through medically prescribed administration of TC-TA-DP to restore proper balance of immunoprotein factors — immunocompetence.

PROFESSIONAL CREDENTIALS

DR. LAWRENCE BURTON (5 May 1926—18 March 1993)

PLACE OF BIRTH: New York City

EDUCATION: B.S. Brooklyn College, Brooklyn, New York—1943; M.S. New York University, New York, New York—1962; Ph.D. New York University—1966

POSITIONS HELD: Post Doctor Fellow, California Institute of Technology—1955 to 1957; Research Assistant, California Institute of Technology—1957; Research Associate in Pathology, St. Vincent's Hospital, New York—1958 to 1963; Associate in Oncology, St. Vincent's Hospital—1964 to 1966; Senior Investigator & Senior Oncologist, St. Vincent's Hospital—1966 to 1973; Director of Research, Immunology Researching Centre, Freeport, Grand Bahama—1977 to Present

FIELDS OF STUDY: Genetics: Cancer Etiology: invertebrate, murine, human; Carcinogenesis: invertebrate, murine, human: Oncolysis: murine, human Cancer Immunobiology

TEACHING EXPERIENCE: New York University: Genetics, Bacteriology

PUBLICATIONS:

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DR. MARTIN GOLDSTEIN, D.V.M.

EDUCATION: Cornell University College of Veterinary Medicine, Ithaca, NY, Doctor of Veterinary Medicine (D.V.M.)—1973; Cornell University College of Agriculture, Bachelor of Science—1969; International Cancer Symposium, Omega Institute—1981; Certification in Iridology, Dr. Bernard Jensen—1981; Certification in Veterinary Acupuncture —1977; International Veterinary Acupuncture Society; American Holistic Veterinary Medical Society National Conference—1985, 1986, 1988; International—1987

RELEVANT EXPERIENCE: Consultant—Computerized Nutritional Analysis, Lick Your Chops~—Present; Associate Veterinarian/Owner Referral Practice in Veterinary Nutrition and Immuno-Augmentative Therapy, Smith Ridge Veterinary Center, South Salem, NY—Present; Referral Practice in Veterinary Nutrition, Heights Hospital for Animals—1975-1982; Staff Instructor, Lectures on Holistic Veterinary Medicine, Leisure Classes, Inc., White Plains, NY and Natural Gourmet Institute for Food and Health, New York, NY; Associate Veterinarian, Heights Hospital for Animals— 1974; Associate Veterinarian, Dr. Phil Weber, Elmira, NY—1973; Harness Racing Association, Cornell University in conjunction with NY State—Summer 1972

PRESENTLY: Member, American Holistic Veterinary Medical Association, Belair, MD
American Veterinary Medical Society

PUBLICATIONS: *The Holistic Approach to Treating the Aches and Pains of Your Arthritic Pet.* The Health Quarterly Plus Two; Nov./Dec. 1981.

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Major contributor to a book on Holistic Veterinary Medicine, involving 50 veterinarians internationally by Pat Lazarus, Keats Publishers, 1986.

Holistic Approach to Veterinary Medicine. New York Naturally Directory; Fall 1988.

In process of writing a book on Holistic Veterinary Medicine.

ALTERNATIVE VETERINARY MEDICINE: LECTURES, RADIO & TV BROADCASTS: *Better Care for Your Pet.* Leisure Classes, Inc., White Plains, NY; February, March 1983.

Holistic Veterinary Medicine. Two day seminar, East-West Center, Syracuse, NY; Fall 1984.

Immuno-Augmentative Therapy and Bio-Nutritional Analysis. American Holistic Veterinary Medical Society, San Francisco; September 1985.

Pet Nutrition. Taconic Hills Kennel Club, Yorktown Heights, NY; April 1987.

Holistic Approach to Veterinary Medicine. Katonah Natural Foods; Nov. 1987, March 1988.

Holistic Veterinary Medicine. Bi-annual two-day seminars, Natural Gourmet Cookery School, New York City, 1987, 1988.

Immuno-Augmentative Therapy. Westchester-Rockland Veterinary Medical Society; March 1986.

IAT. Lecture with Dr. Burton, International Symposium for Cancer and AIDS, Gary Null—Sponsor, New York City, July 1988.

Role of Nutrition and Treatment of Cancer in Cats. International Cat Show, Boston; Fall 1988.

Pets and Vets. Veterinary Acupuncture, WNYC; January 1981.

Gary Null, Radio WABC; April 1985.

Currently presenting seminars throughout the United States and Canada entitled "Fundamentals of Health and Disease from an Alternative Point of View"

Most recently made guest appearances on several cable television educational programs in addition to appearing on Good Day New York.

DR. ROBERT S. GOLDSTEIN, V.M.D.

EDUCATION: University of Pennsylvania, School of Veterinary Medicine, Doctor of Veterinary Medicine (V.M.D.)—1967; Norwich University, Northfield, Vermont, Bachelor of Science Biology—1963; International Cancer Symposium, Omega Institute; Certification in Iridology, Omega Institute—1979; American Holistic Veterinary Medical Society National Conference—1985, 1986, 1988

EXPERIENCE: Director of Research and Product Development and Chief Executive Officer of Animal Resources, Inc.— Present, Director of Research and Development and Chief Executive Officer, Like Your Chops Inc. 1984-1991; Associate Veterinarian Referral Practice in Veterinary Nutrition and Immuno-Augmentative Therapy, Smith Ridge Veterinary, 1984-1991, Referral Practice in Veterinary Nutrition, Heights Hospital for Animals, Yorktown Heights, NY—1975-1983; Veterinarian/Owner, Heights Hospital for Animals-1971-1983; Referral Practice in Cryosurgery, Heights Hospital for Animals—1973-1983; Founder/Owner, Head, Department of Cryosurgery, Veterinary Hospital for Special Services, Mt. Kisco, NY—1974-1979; Consultant in Cryosurgery, Cancer Therapy Unit, Henry Bergh Memorial Hospital, New York, NY—1971 -1973; Associate Veterinarian, Tanzer Veterinary Hospital, Brooklyn, NY—1970-1971; Associate Veterinarian, Great Neck Animal Hospital, Great Neck, NY—1969-1970; Head, Post Veterinary Clinic, Edgewood Arsenal, MD—1966-1969; Captain, U.S. Army Veterinary Corps, Experimental Surgery, Edgewood Arsenal, MD—1967-1969

PRESENTLY: Who's Who in Veterinary Medicine and Surgery 1990 and 1991
American Holistic Veterinary Medical Association, Belair, MD
American Veterinary Medical Society

LECTURES: Practical Cryosurgery for the Veterinarian, Lectures at Eastern Medical Supply Co., Central NY VMA, Baltimore VMA, Central Hudson VMA Cryosurgery lectures at Henry Bergh Memorial Hospital, Sloan-Kettering Cancer Center, Westchester-Rockland VMA

ALTERNATIVE VETERINARY MEDICINE: LECTURES, RADIO & TV BROADCASTS: *Holistic Veterinary Medicine.* Total Natural Living, Mt. Kisco, NY; April 1980

Immuno-Augmentative Therapy and Bio-Nutritional Analysis. American Holistic Veterinary Medical Society, San Francisco; September 1985.

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Role of Nutrition in the Treatment of Cancer in Cats. International Cat Show, New York City; March 1988.

IAT. Lecture with Dr. Burton, International Symposium for Cancer and AIDS, Gary Null—Sponsor, New York City, July 1988.

Pets and Vets. WNYC; November, 1981.

Pets and Prevention of Disease. Kappy's World, WVIP; August 1981.

Nutrition in Pets. Regis Philbin Show; March 1987.

PUBLICATIONS: *Cryosurgery for the Practitioner.* California Veterinarian; November 1978.
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Wholistic Veterinary Medicine—Orthomolecular Veterinary Medicine. Pet Lovers Gazette; Spring 1983.
An Overview of Disease. Pet Lovers Gazette; Spring. 1983.
Major contributor to a book on Holistic Veterinary Medicine, involving 50 veterinarians internationally by Pat Lazarus, Keats Publishers, 1986.
With Lane, J.G., *The Cryosurgical Treatment of Canine Perianal Sinuses.* A combined study in the U.S. and England, Journal of the American Veterinary Medical Association. In Process.
A book on Holistic Veterinary Medicine (In Process)
National Newsletter - Love of Animals

STATISTICAL OVERVIEW

When dealing with cancer and its very critical nature, there comes into play so many variables that it is extremely difficult to give a clear-cut chart or listing that exactly depicts how each cancer type responds to the IAT program. Individual factors exist such as:

1) Age, condition and how far the cancer had progressed by start of therapy.

2) How long the patient would have lived either without any treatment or on another or traditional protocol.

3) Patients doing well on therapy and then dying of unrelated causes such as being hit by cars, twisted stomachs, intestinal foreign body obstructions, etc.

4) We treat almost every case no matter how far progressed or near terminal.

These above factors that we have experienced and surely others, make listing a time frame of living for example, nine months alter start of therapy—really difficult to evaluate as successful or non-successful.

Therefore, we have chosen to give a general overview which demonstrates all the types and numbers of each cancer we have treated plus a rating of response for each cancer, as a whole, in one of the following categories:

1. (a) Little or no response where the course of the cancer process seems to be very minimally or not altered by therapy, as compared to the condition not being treated.

   (b) Overall rating of response of 0-5%.

2. (a) A definite clinical improvement in quality of life.

   (b) Extension of life for months past which would be expected without therapy.

   (c) Obvious slowing and stabilizing but not arresting the cancerous growth process.

   (d) Overall rating of response of 15-40%.

3. (a) Marked improvement in quality of life.

   (b) Extension of life approaching years past what would be expected without therapy.

   (c) Arresting (with or without reabsorbing) the cancerous process.

   (d) Overall rating of response—40-65%.

4. (a) Dramatic response.

   (b) Tumor reversal.

   (c) Long-term remission in years.

   (d) Overall rating of response—65-100%.

Please Note:

1. Over the years, some individuals in each tumor type category have responded so differently. Therefore, one specific cancer type may have more than one category number better describing the range of responses over the years.

2. Some categories may contain individual comments better explaining the response.

SUMMARY – IMMUNO-AUGMENTATIVE THERAPY FOR ANIMALS 8/83 THROUGH 5/93

TUMOR TYPE	NUMBER TREATED	RESPONSE RATING	COMMENTS
Abdominal Mesothelioma	1	3-4	Responded dramatically at first. Owners then dropped off the program.
Adrenal/Pituitary	3	3 & 4	Very responsive.
Anal Gland	1	4	Post-surgical removal.
Bone CA (Osteogenic Sarcoma)	10	1	The least responsive cancer. Some do well post-amputation. Recently have been getting response using conjunctive intra-venous VIT-C and ozone therapy with IAT and BNA.
Bone/Testicular Carcinoma	1	2	
Brain Meningioma, Glioma Astrocytoma	6	3 & 4	One of the most responsive cancers.
Canine Leukemia	1	2	
Chondrosarcoma	8	1-2	Not too responsive. 2-8 months. But recently, one case doing very well over 1 year post surgery.
Cutaneous Masses (Cancerous)	2	2 & 3	
Ear Invasive Carcinoma	1	4	Responded very well post-cryo-surgery.
Feline Leukemia	9	1, 3 &4	One third no response, two thirds 9 months to 3 years.
Fibrosarcoma	7	1, 2 &4	2 no response, 2-6 month, 3-1½ to 8 years.
Heart Base Tumor	2	1 & 4	One responded very well with radiographic evidence of tumor resorption.
Hemangiopericytoma	5	1 & 4	Two minimal response; three 1½—3 years.
Hemangiosarcoma	24	1, 2 & 3	Many are highly malignant with no response, even post-surgically. Two had improved quality 6 months. Two did well 1 and 2 years.
Hepatocellular Carcinoma	4	2 & 3	One dog with a majority of the liver cancerous responded very well and died accidentally.
Histiocytic Carcinoma	1	1-2	
Insulinoma	2	4	Very responsive.

TUMOR TYPE	NUMBER TREATED	RESPONSE RATING	COMMENTS
Intestine/Adenocarcinoma	2	3-4	One dog, with spread all over abdomen, responded well. Died from owner negligence and intestinal foreign body. One case current—1 yr. post-surgery doing very well.
Leiomyosarcoma (Abdomen)	3	4	Still alive, doing well, 2 years post-surgery.
Lipoma	3	2 & 4	Treated because Lipomas were in life-threatening areas. 1 went 7½ years.
Lung	15	2, 3 &4	40% went 10 months to 3½ years. The other non-responsives were near terminal from the outset.
Lymphosarcoma	34	1, 2, 3, & 4	Response is extremely variable from animal to animal. Atypical does better than systemic, generalized. Many do better in conjunction with conventional therapy.
Mammary Adenocarcinoma	18	1, 2 & 4	Wide variety of response from no response with aggressive growth, some response 5-6 months, and 50% of cases going 1 to 3 years; 1 case 9 yrs.
Mast Cell Sarcoma/Mastocytoma	16	1, 3 & 4	Some of these grow very rapidly with not much response over 3-6 months. The majority respond very well—8 months to 5 years.
Melanoma	11	2 & 4	Not much response in the early days of the program. Recent cases very responsive 2-3 years plus.
Nasal Adenocarcinoma	9	1 & 3	Slight response in most cases 3 to 7 months. 1 case 1 year. 2 cases currently doing well. Post surgery treatment improves chances.
Optic Nerve Carcinoma	1	1	
Pancreas to Liver Adenocarcinoma		1	
Prostate	2	3 & 4	One case current. Had associated heart failure and is doing very well.
Rectal/Perianal Adenocarcinoma	6	2 & 4	Usually start post-surgical removal. 3 of the 4 cases 2 years 8 2 of these still alive.
Renal Carcinoma	2	2 & 3	

TUMOR TYPE	NUMBER TREATED	RESPONSE RATING	COMMENTS
Spindle Cell	1	1 & 2	
Squamous Cell Carcinoma	13	1, 2 & 4	Wide variety of response. Depending upon location of tumor.
Stomach CA	1	1 & 2	
Synovial Cell CA	2	2 & 4	One case is current and is doing very well 6 months post-surgery without total tumor removal.
Thyroid CA	3	1, 3 & 4	Recently have been getting very good response.
Tonsillar Adenocarcinoma	2	2 & 4	
Transitional Cell/Bladder	17	2 & 4	Probably our most responsive cancer.
Undifferentiated Sarcoma	5	1, 2 & 4	One case went 7½ years. Others only slight to moderate response.

CASE HISTORIES

The following are just a sampling of animal patients treated by IAT.

DIAGNOSIS
MULTICENTRIC LYMPHOSARCOMA

Therapies previous to IAT
Splenectomy—5/84

Pulmonary mass detected in 1982 and monitored with slow growth. Splenectomy performed in 5/84. Generalized lymph node involvement noticed one year after the splenectomy. Biopsied as Lymphosarcoma. Started IAT therapy in March of '85. Lymph nodes regressed to normal and stayed so until the dog's death at age 16. During therapy, dog did not become clinically ill.

Species
Canine, Setter Mix
Age and sex at diagnosis
14 1/2 year old female (S)
Date of Diagnosis
3/85 — Biopsy
Medical Facility
Animal Medical Center
Started IAT Therapy
3/85

DIAGNOSIS
ANAPLASTIC SARCOMA (ABDOMINAL)
SPLENIC PLASMACYTOID LYMPHOSARCOMA
LYMPHOSARCOMA GRADE 3 OF THE BONE MARROW

Therapies previous to IAT
Multiple medications
Chemotherapy
Surgery — Abdominal Mass 11/82
Surgery — Bone Marrow Aspiration 10/84
Surgery — Splenectomy 10/84

Presented 11 years old, anemic, emaciated, anorectic and fainting upon defecations, and skin on muzzle sloughing. Immediate response to IAT therapy; fainting stopped within twenty-four hours and appetite returned. Slow recuperation towards clinical remission within five months. Two transfusions were required during crisis period. Was on full therapy for 1 1/2 years and surveillance for one year. Died of kidney failure at the age of 141/2 with no evidence of cancer.

Species
Canine, St. Poodle
Age and sex at diagnosis
11 1/2 year old male
Date of Diagnosis
10/84—Biopsy
Medical Facility
University of Pennsylvania
Private Veterinarian
Started IAT Therapy
11/84

DIAGNOSIS
MASTOCYTOMA OF THE EAR

Therapies previous to IAT
Cryogenic surgery—12/85

Rapid regrowth after surgery. Was kept on maintenance therapy after mass regrowth regressed. Ear stabilized with recurrent episodes of inflammation in ear canal. No evidence of cancerous process. Dog died hit by a car in 1990 with no evidence of a cancerous process.

Species
Canine, Corgi
Age and sex at diagnosis
2 year old male
Date of Diagnosis
12/85
Medical Facility
Smith Ridge Veterinarian Center
Started IAT Therapy
3/86

DIAGNOSIS
CUTANEOUS FIBROSARCOMA

Therapies previous to IAT
Surgery—5/85

Prognosis given by the previous veterinarian after initial biopsy then rapid regrowth was less than one month. Quality of life was poor—emaciating with severe chronic sinus problems.

On IAT, rapid tumor growth slowed, chronic sinus problems subsided. Cat gained weight and acted better than in years. Masses did grow to a point of elective surgical removal, from which cat recovered rapidly. Died at the age of 14.

Species
Feline, Siamese
Age and sex at diagnosis
12 year old female (S)
Dates of Diagnosis
5/85
1/86
Medical Facility
Private Veterinarian
Started IAT Therapy
5/86

DIAGNOSIS
TRANSITIONAL CELL CARCINOMA

Therapies previous to IAT
Multiple medical therapies

History of severe hemorrhagic urination, chronic diarrhea and skin allergies. Palpation of mass and cytology of urine sediment led to a diagnosis of inoperable transitional cell carcinoma. Referred for IAT therapy. On therapy, the dog gained clinical remission within six weeks. He remained on full therapy just over one year. Dog died January 1989 of old age with no evidence of clinical cancer.

Species
Canine, Dalmatian
Age and sex at diagnosis
13½ year old male (C)
Date of Diagnosis
Cytology 1/87
Palpable Mass
Medical Facility
Private Veterinarian
Started IAT Therapy
5/87

DIAGNOSIS
UNDIFFERENTIATED SARCOMA

Therapies previous to IAT
Three consecutive surgical tumor removals

First mass removed biopsied as Mast Cell Sarcoma. Challenged by veterinarian due to dog's age. Changed diagnosis to benign Histiocytoma. Three months later, second tumor removed and biopsied by Cornell University as benign. One and a half months later, radical removal of third mass. Cornell re-evaluated second mass as Mast Cell Sarcoma and current tumor as Undifferentiated Sarcoma. Animal Medical Center gave poor prognosis for extended quality of life. Started IAT. Fifth day mass grew at previous surgery site. Resorbed rapidly. Second mass on therapy appeared three weeks later. Fluctuated in size then resorbed. She remained on IAT for over two years, stopped therapy, moved to Atlanta, Georgia and was on a few times per years surveillance schedule, testing for immuno-competence. She lived eight years of near perfect clinical health from the start of therapy, then in early 1993, she became suddenly ill and died rapidly of lung cancer at 9½ years of age.

Species
Canine, Scottish Terrier
Age and sex at diagnosis
1½ year old female (S)
Date of Diagnosis
7/85
Medical Facility
Certified Veterinary Surgeon
Cornell University Diagnostics
Animal Medical Center
Started IAT Therapy
10/85

DIAGNOSIS
MASTOCYTOMA—INTERDIGITAL

Therapies previous to IAT
Antifungals
Cortisone

Originally diagnosed as a fungus; no response to therapy. Then diagnosed as Mastocytoma by biopsy—several masses growing rapidly interdigitally. Initial response to cortisone (prednisone) therapy. Rapid regrowth—owner told non-responsive to chemotherapy, gave poor prognosis and recommended amputation. Started IAT. Tumors stabilized then regressed over next several months. Several small subcutaneous lipomas removed 11/86. Dog died April, 1989, 12 years old of old age changes with no clinical evidence of cancer.

Species
Canine, Pointer
Age and sex at diagnosis
6½ year old female (S)
Date of Diagnosis
10/83
Medical Facility
Private Veterinarian
Started IAT Therapy
11/83

DIAGNOSIS

MAST CELL SARCOMA GRADE 3/4
MAMMARY CANCER

Therapies previous to IAT
Rapidly growing mass removed from foreleg 11/87
Cortisone Therapy—wean off 11/87-1/88.

Presented with newly appearing subcutaneous and cutaneous masses in foreleg and appearance of masses in mammary chain. Dog did well clinically but experienced slow growth of small cutaneous masses associated with previous surgery site. Despite two surgical removals (10/88 and 5/89) regrowth occurred plus appearance of numerous small mammary seeds. Physical exam 2/90, revealed a resorption of all masses that were present associated with previous area and the majority of the mammary seeds. Dog lived almost three more years (a total of 5½ years), cancer-free and died at the end of January, 1993. Estimated approximately 17 years old.

Species
Canine Terrier-mix
Age and sex at diagnosis
Approximated at 10 year old female

Date of Diagnosis
11/87—Biopsy
Medical Facility
Private Veterinarian
Started IAT therapy
1/88

DIAGNOSIS

MALIGNANT MELANOMA

Therapies previous to IAT
Surgical removal of masses form lower gum, throat area and a submandibular lymphnode, 7/90.
Multiple medications for chronic colitis pancreatitis, prostatitis and hypothyroidism.

Presented very ill. Could barely walk. Overweight, dull fur coat. Very enlarged, submandibular lymphnode still present. Radiographs show spine markedly filled with arthritis.

Species
Canine, Golden Retriever
Age and sex at diagnosis
10 year old male (C)
Date of diagnosis
7/90—Biopsy
Medical Facility
Animal Medical Center
Started IAT Therapy
8/90

Current status May 1993.
Dog is the picture of health. No clinical evidence of cancer. Is presently on full therapy.

DIAGNOSIS

BRAIN AND LUNG TUMORS

Therapies previous to IAT
Mammary tumors removed 1988
Cortisone therapy 2 weeks

Presented very weak, walking in circles, spaced appearance, dragging front and back left leg when walking. Rapid breathing. Owner reported all signs seem to be worsening daily. Full therapy was started and all medication withdrawn over a 1½ weeks period. Dog showed marked improvement within first 2-3 weeks. Continued to improve while remaining on full therapy until we lost total contact with the owner near the end of 1991. At last contact, dog was still doing well considering its history and age (15 years old).

Species
Canine Husky/Golden
Age and sex at diagnosis
13 year old female (S)
Date of diagnosis
3/90—CAT scan
Chest X-ray
Medical Facility
Animal Medical Center
Started IAT therapy
4/90

DIAGNOSIS
RADIOGRAPHIC BONE CANCER 1/88
LYMPHOSARCOMA/ROUND CELL SARCOMA 2/88

Therapies previous to IAT
None

Presented to Smith Ridge Veterinary Center in February, 1988, with a history of pain in the hind quarters starting last November. She was also overweight with dry flaky skin. These symptoms progressed to difficulty defecating, refusal to wag tail and inability to squat when urinating. In January, the Animal Medical Center determined a radiographic lesion in the right sacral bone four centimeters in length. At that time, a probable diagnosis of bone cancer was made but due to its location, a biopsy could not be taken. Upon examination, a large walnut-size mass dorsal to the rectum was discovered. The IAT program was recommended. Over the next two weeks she started to improve clinically with stabilized function while urinating and defecating. A physical exam revealed a series of cutaneous grape-size masses around the rectum and down the back legs. Biopsy from one of these masses revealed lymphosarcoma as the primary tumor. After a month on this new file and increased dosages, the cutaneous masses completely regressed and the rectal mass also palpably diminished in size. She remained on full therapy just over two years and was off IAT for just over 3 years. She died of old age/kidney failure April, 1993, over 11 years old (considered very old for a Great Dane).

Species
Canine, Great Dane Mix
Age and sex at diagnosis
6 year old female (S)
Date of Diagnosis
1/88—X-ray
2/88—Biopsy cutaneous
Medical Facility
Animal Medical Center
Smith Ridge Veterinarian Center
Started IAT Therapy
2/88

Follow-up radiograph 11/90
Evaluated by the Veterinary Radiology Consultation Service revealed bony re-modeling consistent with a healing process with no evidence of cancer.

DIAGNOSIS
IMMUNE SUPPRESSIVE DISORDER
DEMODECTIC MANGE

Therapies previous to IAT
Repeated medical therapy—Antibiotics,
Cortisone, Mitaban Dips

One year of chronic antibiotic and Mitaban dips lead to many severe skin lesions, with foul order, swollen paws and open weeping sores from nose to tail. IAT was chosen on an experimental basis to see if immune augmentation could help this patient clinically. Dr. Burton transposed the results obtained to that of a chronic degenerative patient rather than one with cancer. From this, he developed a therapy program to augment an obviously weak immune system. Response to the injections was dramatic. She remained on IAT for 1-1/4 years then upon withdrawal, remained clinically stable for 4 years. In late 1992, she became clinically affected again and did not respond to various medical/alternative treatments. February 1993 she was started back on IAT, again responded dramatically, stayed on IAT for two months and has been off and very stable and eight years of age.

Species
Canine, Collie
Age and sex at diagnosis
1 year old female
Date of Diagnosis
8/85
Medical Facility
Private Veterinarian
Started IAT Therapy
9/87

Current Status, May 1993
Dog is now symptom free.

DIAGNOSIS
BRAIN—MENINGIOMA

Therapies previous to IAT
Rejected as candidate for surgical removal
Cortisone therapy for one month

Unstable on cortisone therapy. Presented with an immediate history of poor vision, difficulty in urinating and defecating, seeming comatose at times with eye balls rolling up into head. On physical exam, nonresponsive dilated pupils, density of lens, apparently blind, and head hung down. Clinical response seen within days of starting IAT program. Remained almost clinically normal since start of therapy. Was on maintenance therapy for last year. Died of old age 8/31/91.

Species
Feline, domestic shorthair
Age and sex at diagnosis
10 year old male (C)
Date of Diagnosis
3/88—CAT scan
Medical Facility
Animal Medical Center
Started IAT Therapy
6/88

DIAGNOSIS
MAST CELL SARCOMA (GUARDED PROGNOSIS)

Therapies previous to IAT
Surgery—12/82
Surgery—5/83
Surgery—9/83
Surgery—3/85

History of numerous recurring cutaneous mast cell sarcomas. Surgically removed and biopsied four times. Also diagnosed as male feminizing syndrome, severe skin allergies and hypothyroid treated with synthroid.

Started IAT and stopped thyroid medication. After nine months of continued IAT therapy, good immunological reports and a myriad of symptoms related to detoxification, the dog became clinically normal. He remained on maintenance and surveillance for approximately two more years until sudden death due to a gastric torsion. Autopsy and histology of engorged spleen revealed no evidence of cancer.

Species
Canine, Golden Retriever
Age and sex at diagnosis
6 year old male
Date of Diagnosis
Same dates as surgeries
Medical Facility
Animal Medical Center
Private Veterinarian
Started IAT Therapy
4/85

DIAGNOSIS
INVASIVE TRANSITIONAL CELL CARCINOMA

Therapies previous to IAT
Routine medical treatment for infectious bladder

Presented with a sonographic mass in bladder typical of transitional cell CA. Prognosis was given by a board certified surgeon as grave even with surgery (6 to 9 months maximum). Started IAT, repeated a sonogram in 2 weeks and by the shape and size of the tumor, recommended surgical debulking and biopsy which confirmed the diagnosis. One month past surgery, a sonogram showed a regrowth of a mass. One more month, sonogram showed a normal bladder, 6 months later, another growth appeared on sonogram. 3 months later, sonogram showed this mass the same size, replaced by fibrous tissue.

Species
Canine: Puli Mix
Age and sex at diagnosis
12½ year old female (S)
Date of Diagnosis
2/92—Sonogram
3/92—Biopsy
Private Veterinarian
Started IAT Therapy
2/92

Current Status
14 years old, clinically normal, acting grea
on full IAT Therapy

MARTIN GOLDSTEIN, D.V.M., P.C.
ALTERNATIVE VETERINARY THERAPIES

Laboratory fees for participating veterinarians

IMMUNO-AUGMENTATIVE THERAPY (IAT)

METABOLIC NUTRITIONAL ANALYSIS™ (MNA)

	PROCEDURE	CHARGE TO VETERINARIAN	CHARGE TO CLIENT
IAT	**Initial evaluation**		✓
	Physical exam		✓
	Required ancillary tests		✓
	IAT Consultation, as needed	**$125**	✓
	IAT Blood Analysis	**$ 35**	**$ 75**
	IAT SERUMS AND MONTHLY TREATMENT SCHEDULE[1]		
	1st Printout and serums	**$285[2]**	**$485**
	2nd Printout and serums	**$255**	**$455**
	3rd Printout and serums	**$195**	**$370**
	Maintenance Therapy, per month	**$ 95**	**$195**
MNA	**Metabolic Nutritional Analysis™ (new case)**	**$ 75[3]**	**$ 95**
	Follow-up Nutritional Analysis (every 3-6 mos.)	**$ 45**	**$ 75**

1. Includes all necessary serum for injection over 4 weeks and treatment schedule.
2. Fees do not include shipping and handling. Please contact our pharmacy for current U.P.S. or Fed Ex charges.
3. A "SuperChem" profile, CBC, T3-T4-fT4 (Antech Diagnostics #935 or 916) is required for each Metabolic Nutritional Analysis.

WKK 10/12/98

SMITH RIDGE VETERINARY CENTER
400 SMITH RIDGE ROAD • SOUTH SALEM NEW YORK 10590 • 914-533-6066 FAX 914-533-6405

8/31/98	NAME	B1	B2	PROT	I1	I2
	(1)	213.0	214.0	1.12	206.5	209.0
	"DEACON"	1038	1102		62	78
	(2)	219.5	217.5	1.60	206.5	211.0
	"TUXEDO"	1454	1326		62	91
	(3)	217.0	220.0	1.87	207.0	210.0
	"MAX"	1294	1486		65	85
	(4)	216.5	219.0	1.59	211.0	208.0
	"BELLA"	1262	1422		91	72
	(5)	218.5	219.0	1.57	207.0	208.5
	"MERLIN"	1390	1422		65	75
	(6)	208.5	215.0	1.52	206.5	209.0
	"TOOTSIE"	750	1166		62	78
	(7)	213.5	218.0	1.28	207.0	206.0
	"ROMEO"	1070	1358		65	62
	(8)	210.0	214.5	1.35	207.5	206.5
	"GINGER"	846	1134		69	62
✓	(9)	213.5	215.0	1.65	207.0	206.0
	"RANDY"	1070	1166		65	59
	(10)	218.0	216.5	1.57	207.0	209.0
	"MIKEY"	1358	1262		65	78
	(11)	213.5	214.5	1.52	206.0	211.0
	"BUTTONS" "MO"	1070	1134		59	91
✓	(12)	211.0	211.5	0.85	206.5	207.0
	"MAGGIE"	910	942		62	65

**** 9:59 AM WED., 2 SEPT, 1998

Patient# = 8921

PROL= .0 A2= .0 TC= .0

$B_1 = 910$ $B_2 = 942$ PROT = 1.15

$I_1 = 62$ $I_2 = 6.5$

RETEST DATE = SEPT 26, 1998

++++

****

8921 MAGGIE K-9

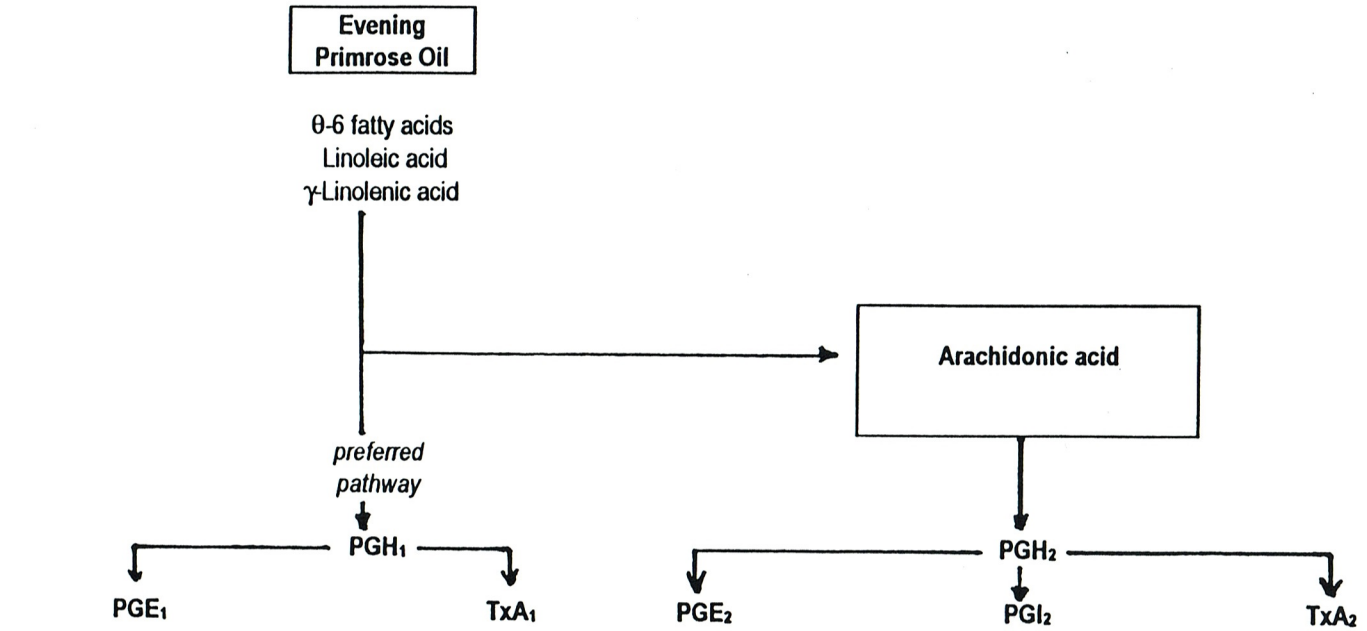
SEPT, 1998

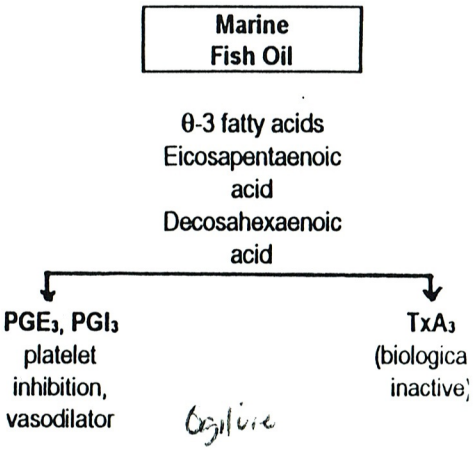
MON	AM	.30 III	.37 A2	.21 I	.30 III
TUE	AM	.30 III	.28 I	.43 II	.30 III
WED	AM	.30 III	.32 A2	.24 I	.30 III
THU	AM	.42 A2	.21 I	.25 III	
FRI	AM	.17 III	.30 I	.22 A2	.17 III
MON	AM	.44 A2	.30 I	.44 A2	.19 III
MON	PM	.22 III	.30 I	.22 A2	.22 III
TUE	AM	.30 III	.38 A2	.26 I	.30 III
TUE	PM	.19 III	.50 A2	.23 I	.19 III
WED	AM	.25 III	.36 A2	.30 I	.25 III
WED	PM	.35 A2	.22 I	.25 III	
THU	AM	.17 III	.23 I	.33 A2	.17 III
THU	PM	.30 III	.18 I	.35 II	.30 III
FRI	AM	.30 III	.37 A2	.21 I	.30 III
FRI	PM	.37 A2	.22 I	.25 III	
MON	AM	.25 III	.30 I	.25 II	.25 III
MON	PM	.30 III	.38 A2	.26 I	.30 III
TUE	AM	.18 III	.40 A2	.30 I	.18 III
TUE	PM	.25 III	.36 A2	.30 I	.25 III
WED	AM	.44 A2	.30 I	.28 III	
WED	PM	.30 III	.13 I	.29 II	.30 III
THU	AM	.30 III	.32 A2	.21 I	.30 III
THU	PM	.44 A2	.23 I	.25 III	
FRI	AM	.25 III	.21 I	.34 II	.25 III
FRI	PM	.30 III	.38 A2	.26 I	.30 III
MON	AM	.30 III	.20 I	.21 A2	.30 III
MON	PM	.30 III	.37 A2	.21 I	.30 III
TUE	AM	.44 A2	.30 I	.25 III	
TUE	PM	.30 III	.20 I	.34 II	.30 III
WED	AM	.30 III	.32 A2	.21 I	.30 III
WED	PM	.32 A2	.23 I	.25 III	
THU	AM	.22 A2	.21 I	.44 A2	.30 III
THU	PM	.22 III	.50 A2	.22 I	.22 III
FRI	AM	.30 I	.20 A2	.19 III	
FRI	PM	.30 III	.37 A2	.22 I	.30 III

****

WEEKS = 4 SHOTS = 132

Metabolism of unsaturated fatty acids in veterinary patients


Evening Primrose Oil
θ-6 fatty acids
Linoleic acid
γ-Linolenic acid
preferred pathway
Arachidonic acid
PGH1
PGE1
TxA1
PGH2
PGE2
PGI2
TxA2
Bronchial smooth muscle relaxation, ↑ pulmonary perfusion, ↑ water excretion by inhibiting vasopressin, ↑ renin synthesis, inhibits platelet aggregation, ↓ HCl secretion
renal vasodilator, regulates gastric blood flow, bronchial smooth muscle relaxation, stimulates platelet aggregation, acts on hypothalamus to reduce fever, ↑ sensitivity to pain
Prostacyclin: inhbits platelet aggregation, vascular and bronchial smooth muscle relaxation, ↑ renin secretion, ↑ renal perfusion
Thromboxane: vascular and bronchial smooth muscle contraction, platelet aggregation



Use Evening Primrose oil for:

- Acute renal failure
- Asthma attacks
- Spinal cord injury
- Ischemic injury
- Thromboembolic disease
- Gastrointestinal ulcers

Use Marine Fish oil for:

- Chronic skin disorders
- Rheumatoid arthritis
- Degenerative joint disease
- Heart disease
- Neoplasia
- Flax seed oil is a good subsitute

W. K. Kruesi, D.V.M., M.S. 1/31/98

BHI Inflammation

For the temporary relief of:

- arthritis and rheumatism
- minor injuries
- fever
- acne vulgaris

Ingredients	Characteristic Symptoms
Echinacea purpurea 2X	Inflammation
Belladonna 4X	Violent, intense inflammation; congestive headaches; inflammation of eyes; throbbing pain
Bryonia alba 5X	Serous inflammation; promotes exudation
Arnica montana, radix 6X	Inflammation from injuries, bruises and contusions
Dulcamara 6X	Catarrhal and rheumatic inflammation; symptoms aggravated by cold, damp weather
Phytolacca decandra 6X	Inflammation
Pulsatilla 6X	Catarrhal affections with thick, yellow-green discharge; acute coryza
Rhus toxicodendron 6X	Inflammation of skin, mucous membranes, joints and muscles
Thuja occidentalis 6X	Constitutional sensitivity against cold, wet weather
Argentum nitricum 8X	Inflammation and ulceration of mucous membranes
Arsenicum album 10X	Great exhaustion; gastro-enteric conditions; tendency to gangrenous inflammation
Hepar sulphuris calcareum 10X	Promotes suppurations; croupous inflammation, especially of respiratory tract
Mercurius solubilis 10X	Slowly suppurating abscesses; rheumatic catarrhal inflammation; ear conditions
Lachesis mutus 12X	Weakness of whole body in morning upon rising; must wear clothes loosely
Pyrogenium 12X	Fever
Staphylococcinum 12X	Minor infection
Streptococcinum 12X	Minor infection
Influenzinum 15X	Flu Symptoms

16.66 mg each
NDC# 50114-2222-2

BHI Kidney (Rx)

For the treatment of:

- kidney pain and dysfunction such as burning, stinging, or bloody urination, tenesmus, albuminuria, or kidney stones

Ingredients	Characteristic Symptoms
Solidago virgaurea 4X	Pain in region of kidneys; dysuria; sensitivity of pressure
Ammi visnaga 6X	Kidney dysfunction and colic
Berberis vulgaris 6X	Urine with mealy sediment; violent cutting pains in region of kidneys
Citricum acidum 6X	Factor of citric acid cycle (Krebs cycle)
Pareira brava 6X	Renal colic pain down thighs; prostatic hypertrophy; painful urination; constant urging creating straining during effort to urinate; dribbling after urination
Cantharis 8X	Bloody urine with tenesmus; intolerable urge to urinate
Hepar sulphuris calcareum 8X	Hydronephrosis and suppuration in kidney system; urine flow intermittent
Nitricum acidum 8X	Urine bloody and albuminous; intolerable strong smell, like horse urine
Mercurius solubilis 10X	Urine dark red; hydronephrosis
Arsenicum album 30X	Albuminous urine with epithelial cells; urine scanty

30 mg each
NDC# 50114-4395-2

MAST CELL TUMORS • MASTOCYTOSIS

Guidelines for supportive, natural therapy

Suggested dosages are for a 50-pound dog in average body condition.

L-Methionine: used by the body to methylate histamine. Dose approximately 500 mg. daily per 50 pounds of body weight.

Calcium and magnesium: 500 mg calcium and 250 mg. magnesium daily for a medium size dog, more or less depending on serum calcium and magnesium levels from blood chemistry, hair analysis or other quantitative means. These minerals are involved in cellular activity, ion flux, smooth muscle function, cardiac contractility, and inflammatory responses. They have a natural anti-histamine effect. Magnesium is a component of dozens of enzymes and metalloproteins, to maintain homeostasis and normal metabolism.

Quercetin: 300 mg. twice a day for 30 - 60 days, then once a day for maintenance. Quercetin is a mast cell stabilizer, modulating the release of histamine during periods of seasonal allergy, high levels of circulating mast cells, pruritis, and documented signs of excessive histamine release.

Vitamin A: approximately 3,000-5,000 IU daily.

Nicotinic acid (vitamin B_3): depletes body stores of histamine and reduces the intensity of histamine reactions. Up to 100 mg. daily; some cases require 1-2 g. as a loading dose.

Vitamin C: 500 mg. twice daily for the first 30 days, then once a day for maintenance.

Copper: 1 mg. of elemental copper as copper chelate, daily. Histamine is stored with copper and zinc. Human patients with high serum copper levels are found to be low histamine. The corollary to this would be a dog with high histamine that is low in copper, or high in competing minerals such as molybdenum and zinc.

Omega-3 fatty acids: the essential fatty acids in evening primrose oil have been found to have a high proportion of cis-linoleic and gamma-linolenic fatty acids that serve as precursors of prostaglandin synthesis, specifically the synthesis of non-inflammatory prostaglandins such as eicosanoids. Omega-3 and smaller proportions of omega-6 unsaturated fatty acids have been useful in reducing inflammation. Patients with high circulating mast cells (mastocytosis) are often associated with chronic internal or external parasite burdens, inhalant allergy, food intolerance, or contact sensitivities. The goal is to identify the underlying cause of mast cell proliferation and degranulation. Left unchecked, these irritants (parasites or allergens) can lead to chronic immune reaction stimulation and malignancies.

Deionized water: injected into the tumor to promote tumor necrosis.

William K. Kruesi, D.V.M., M.S. 2/16/98

Adverse effects of glucocorticoids

Synthetic cortisol-like drugs or *glucocorticoids* have an effect on virtually all tissues and cells in the body. Chronic or prolonged use of these medications is known to cause side effects in cats and dogs. Some of the possible adverse effects of these drugs are listed here.

1) vasoconstriction, sodium retention; increased blood pressure
2) inhibition of fibroblast proliferation; decreased wound healing
3) decreased lymphocyte and macrophage function; immune suppression
4) increased appetite; weight gain
5) increased thirst and urination
6) changes in mood and behavior: depression, lethargy, weakness
7) lowers the seizure threshold
8) suppress the release of ACTH from the anterior pituitary, suppressing the release of endogenous corticosteroids
9) suppress the release of thyroid-stimulating hormone, follicle stimulating hormone, prolactin, and luteinizing hormone
10) increased levels of parathyroid hormone
11) inhibition of osteoblasts (bone remodeling cells)
12) reduced activity of vasopressin (antidiuretic hormone) at renal tubules causing diuresis
13) antagonizes insulin binding to cell receptors
14) inhibition of platelet aggregation
15) sequestration of lymphocytes, monocytes and eosinophils in the lungs and spleen
16) decreased removal of senescent red cells
17) increased secretion of gastric acid, decreased mucus production
18) decreased proliferation of mucosal tissue
19) decreased absorption of iron and calcium from the diet
20) increased absorption of fat
21) increased deposition of fat in liver cells
22) increased ALT (alanine aminotransferase) and GGT (gamma glutamyl transpeptidase) activity
23) increased serum alkaline phosphatase
24) decreased numbers of circulating lymphocytes; inhibition of lymphokines

25) inhibit the migration of neutrophils, macrophages and monocytes
26) reduced production of interferon (an antiviral compound)
27) inhibit phagocytosis, chemotaxis, and antigen processing
28) stimulate gluconeogenesis, lipogenesis (blood glucose, fat synthesis)
29) redistribution of fat from the extremities to the trunk
30) increased oxidation of fatty acids
31) increased levels of triglycerides and cholesterol
32) increased catabolism of protein and muscle tissue, causing muscle weakness
33) inhibition of growth hormone
34) increased calcium excretion (in the urine)
35) inhibition of vitamin D activation
36) decreased growth of fibrocartilage (repair tissue in joints)
37) increased intraocular pressure leading to cataracts and glaucoma
38) increased potassium excretion
39) increased resorption of sodium and chloride from the kidneys
40) thinning of skin and hair, skin atrophy
41) appearance of a dull, dry hair coat
42) secondary disorders: pancreatitis, hepatic lipidosis, Addison's disease, diabetes mellitus, gastrointestinal ulceration, lipdemia, depression, lethargy, weakness, viscious behavior, viral and bacterial infection

Adapted from:
Plumb, D. C. Veterinary Drug Handbook, PharmaVet Publishing, White Bear Lake, Minnesota. ©1991

W. K. Kruesi, D.V.M., M.S. 2/28/98

Immuno-Augmentative Therapy **Patient:** _____

IAT Test:	**B1** *Tumor necrosis (short term)*	**B2** *Tumor necrosis (long term)*	**Protein** *Serum protein*	**I1** *Tumor antibodies*	**I2** *Tumor complement*
Description:	Measure of tumor cell death, approx. 24 hours ago	Measure of tumor cell death, approx. 5 days ago	A measure of inflammation	Globulins produced in response to tumor antigens	A peptide that serves as a marker of tumor cell proliferation
Clinical outcome:	High number is desirable in patients with cancer. Low number may indicate tumor is "blocked" or immune response was not sustained.	High number is desirable in patients with cancer. Low number may indicate tumor is "blocked" from host's immune response.	Inflammation is a normal immune response. Excessive inflammation may not be desirable. These patients may be toxic and not feel well.	High number of tumor antibodies indicates strong immune response; low number with immune deficiency.	High number is associated with more aggressive tumors; low numbers with remission or no tumor growth.
Reference value, healthy animals	750 - 950	750 - 950	1.25 - 1.30	> 0.65	< 0.60
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					

WKK 10/9/98

THANK YOU FOR YOUR INTEREST IN NEW HEALTH INITIATIVES

Please review carefully the enclosed information. If, after reviewing our philosophy, policies and procedures, you wish to arrange for a consultation with Dr. Kruesi, please call to request a patient history kit. You will need to complete the history forms, mail them back to us, and then call to confirm we have received them, at which time we will schedule you for an initial office visit. Please call during regular office hours if you have any questions. Thank you.

About Dr. Kruesi

Oscar R. Kruesi, M.D., F.A.C.P. is board certified in Internal Medicine and is a Fellow of the American College of Physicians. He received his M.D. from Cornell University and completed his residency at St. Luke's Hospital in New York City. He has served as Assistant Professor of Clinical Medicine for Columbia University College of Physicians & Surgeons and is currently an Associate Professor of Clinical Medicine at Capital University of Integrative Medicine in Washington, DC. His 45 years of experience in clinical medicine, teaching, continuing education and biochemical/nutritional research make him uniquely qualified as a diagnostician. He practices with a preventive approach, utilizing nutritional and holistic means whenever possible.

Integrative Medicine

Dr. Kruesi's approach is one which seeks the primary source of any medical problem, rather than just masking symptoms or treating end results of a disease process, and uses the best of allopathic medicine combined with alternative therapies to target the most productive healing modalities and therapeutic agents in each individual case.

Philosophy of Medical Care

Each person we see is an individual, with a unique biochemical and emotional makeup. We take all symptoms seriously, including those you may have been told are "all in your head." We consider health care a partnership between doctor and patient, and we place great emphasis on teaching you how to restore and maintain good health. Because effective treatment often requires dietary changes or other lifestyle modifications, we expect you to play an active role in restoring your health.

Initial Consultation

Consultations, either on referral from your health care provider or self-initiated, begin with a detailed review of your medical history as well as diet, current medications, hospital admissions and testing. Current symptoms will also be covered. This review between you and Dr. Kruesi usually lasts about one hour. Following this, Dr. Kruesi will complete a comprehensive physical examination. At this time, blood will be drawn for any tests which your condition(s) may warrant. This initial visit takes approximately two hours, although children often require only 1 1/2 hours and those with complex problems may require additional time. Medicare patients are seen in two visits of one hour (or more) each. Patients are encouraged to bring a family member or "important other" with them; we welcome their input.

Follow-up Visits

A one-month follow-up visit is scheduled to review all test results and initial patient progress, and to fine tune any recommendations. This visit often lasts one hour, although complex cases may require more time. Subsequent visits are scheduled according to patient need, often at 6-month or annual intervals.

Directions

From Northern New Jersey:
- West on I-80 to I-287 South
- Take Harter Road Exit (Exit 33)
- *Turn left at end of ramp onto Harter Road*
- *Follow to end (stop sign)*
- *Turn right onto Mt. Kemble Ave/ 202 North*
- *95 Mt. Kemble Ave. is one mile on left*

From Northwestern New Jersey:
- East on I-80 to I-287 South
- Take Harter Road Exit (Exit 33)
- Follow directions in italics, above

From Newark area:
- West on I-78 to Rte 24 West to I-287 South
- Take Harter Road Exit (Exit 33)
- Follow directions in italics, above

From Pennsylvania and west:
- East on I-78 to I-287 North
- *Take Harter Road Exit (Exit 33)*
- *Turn left at end of ramp to stop sign*
- *Turn left onto Harter Road*
- *Follow to end (stop sign)*
- *Turn right onto Mt. Kemble Ave/202 North*
- *95 Mt. Kemble Ave. is one mile on left*

From Central and Southern New Jersey:
- North on I-287
- Follow directions in italics for PA, above

No-fee, valet parking is available in the lot directly across the street from the building. To reach our offices, enter the Rehabilitation Institute of Morristown Memorial building at 95 Mt. Kemble Ave. Go past the security desk on your left to the elevators ahead on your right. Take the elevator to the fifth floor Get off the elevator and turn left. At the 'T', turn right and walk through the double doors.

POLICIES AND PROCEDURES

Appointments

Appointments are scheduled in advance with the secretary, who will ask you to briefly explain your concerns so adequate time can be scheduled for you. Our hours are 9 a.m.-4 p.m. Monday-Friday.

Cancellations

Please notify the office promptly if you must cancel or reschedule an appointment. 24-hour advance notice of cancellation is required. Charges for missed appointments may be made at the discretion of the office.

Fees and Payment

All visits with Dr. Kruesi are based on time at the rate of $250 per hour. Questions concerning fees should be discussed prior to your office visit. Office visits can be limited to a predetermined length of time if you notify us in advance. In any case, you are expected to pay for all services at the time they are received. We accept cash, Visa, MasterCard or personal check. Most laboratory testing must be paid for at the time via check or credit card directly to the lab(s). Fee schedules are available on request.

Insurance

You are responsible for filing your own claim forms for any insurance reimbursement other than Medicare. We submit a claim form for each Medicare visit. We do not accept assignment from any insurers, however, including Medicare. Dr. Kruesi does not participate in any insurance or HMO plans. At the conclusion of each office visit, you will receive a fully itemized receipt suitable for insurance purposes. Enclose a copy of this receipt with your insurance form, and always retain the original for your files. We do not provide itemized year-end statements.

Preventive Care

A significant amount of time is spent in each case addressing preventive aspects of your medical care, from supplements which may may benefit you, to necessary changes in lifestyle. Insurance companies rarely cover preventive care, and Medicare does not cover it at all. Speak with your insurance representative if you are concerned about this to determine prior to your visit whether you will be reimbursed for any expenses related to preventive care. Requests for letters to insurance companies for purposes of obtaining additional reimbursement or similar appeals will be billed to the patient at the rate of $25 per hour.

Phone Consultations

Patients may need to consult with Dr. Kruesi by phone due to distance or special circumstances. Phone consultations may be scheduled with the secretary as would a regular office visit and are charged by time at the same rate as regular office visits. Please bear in mind that virtually no insurers will reimburse for telephone consultations.

Emergencies, Evenings & Weekends

We provide consultation services only, by appointment during our regular office hours, Monday-Friday, 9 a.m.-4p.m. You should call your primary care or family physician when an emergency or urgent need arises. If your physician is not available, go to the nearest hospital emergency room or dial 911.

Prescription Refill Requests

Please call your pharmacy directly with refill requests. They will call us if any item needs further authorization before being refilled. Please anticipate when you will need additional medication and allow sufficient time for your requests to be filled.

New Health Initiatives

A clinical research facility offering investigative and diagnostic services for chronic or unresolved conditions, as well as for preventive care to aid optimal functioning

Oscar R. Kruesi, M.D., F.A.C.P.
New Health Initiatives
95 Mt. Kemble Avenue, 5th Floor
Morristown, NJ 07962-1978
Tel: (973) 971-4610
Fax: (973) 290-7582

HOMEMADE FOOD FOR DOGS AND CATS

____ PREPARE A HOMEMADE STEW OF FRESH, WHOLE FOODS. MAKE ENOUGH FOR A WEEK OR TWO, FREEZING THE SURPLUS.

____ FEED THE SAME VOLUME OF HOMEMADE FOOD AS YOU WOULD FEED CANNED COMMERCIAL PET FOOD. ADJUST FOR LEVEL OF ACTIVITY AND DESIRED WEIGHT GAIN OR LOSS. WEIGH PETS SPRING/SUMMER, AND FALL/WINTER.

____ CATS: USUALLY FED TWICE A DAY.

____ DOGS: FEED AFTER EXERCISE, PREFERABLY IN THE M.

____ CHOP THE INGREDIENTS INTO SIZES APPROPRIATE FOR YOUR PET (VEGETABLES, POTATOES/GRAINS, AND MEAT). ADD WATER TO COVER THE BOTTOM OF THE INGREDIENTS; SIMMER TOGETHER LIKE A STEW. WHEN LIGHTLY COOKED, REMOVE FROM HEAT. WHEN COOL, DISTRIBUTE INTO INDIVIDUAL SERVING CONTAINERS AND FREEZE. FOR CONVENIENCE, YOU CAN MAKE ENOUGH FOR ONE TO TWO WEEKS OF MEALS.

IF USING RAW EGG OR DAIRY PRODUCTS FOR PROTEIN, ADD THEM AFTER THE VEGETABLE/POTATO STEW HAS BEEN COOKED. DO NOT POUR AWAY THE WATER OR BROTH AS IT CONTAINS MINERALS AND OTHER WATER-SOLUBLE NUTRIENTS.

MEAT/FISH

____ MEAT: LEAN BEEF, POULTRY, DUCK, LAMB, RABBIT, VENISON. DOES NOT NEED TO BE A PREMIUM CUT. MAY INCLUDE TRIPE, HEART, LUNGS, SPLEEN, ETC. COOKED, MEDIUM-RARE. REALLY FRESH MEAT CAN BE FED RAW.

____ AVOID LIVER AND KIDNEY UNLESS IT IS FROM ORGANIC SOURCES.

____ FISH: FREEZE FIRST TO DESTROY PARASITES. CANNED FISH IS OK.

____ EGG: FRESH WHOLE EGG, BEATEN, FED RAW. FRESH EGGS CONTAIN LITTLE SALMONELLA COMPAIRED TO POULTRY MEAT WHICH OFTEN IS CONTAMINATED WITH CAMPYLOBACTER AND SALMONELLA BACTERIA.

____ NO MILK: CULTURED DAIRY PRODUCTS SUCH AS COTTAGE CHEESE OR YOGURT ARE ACCEPTABLE FOR DOGS AND CATS.

VEGETABLES

____ VEGETABLES: COOKED (ADD FRESH VEGETABLES DAILY, AS SOON AS YOUR PET WILL ACCEPT THEM). FEED A VARIETY OF VEGETABLES.

____ SPROUTS: BARLEY, WHEAT, OR MUNG BEAN SPROUTS ARE HIGH IN NUTRITION AND EASY TO GROW.

POTATOES/WHOLE GRAINS

____ POTATOES/GRAINS SHOULD BE COOKED OR SOAKED. BARLEY, RICE, MILLET, POLENTA, ROLLED OATS, WHITE POTATO, SWEET POTATO, WHOLE WHEAT PASTA, WHOLE GRAIN BREAD (SOAKED), ETC. MEASURE THE VOLUME OF THE COOKED GRAINS, NOT THE RAW FORM– OTHERWISE YOU WOULD FEED FAR TOO MUCH.

DAILY

____ ADD FRESH FRUIT, BERRIES, VEGETABLES, RAW VEGETABLE OILS (½, 1, 2, OR 3 TEASPOONS) ACCORDING TO SIZE.

____ COLD PRESSED "VIRGIN" OLIVE OIL, OR FLAX SEED OIL

____ BREWERS YEAST

____ GARLIC, MINCED

HEALTHY SNACKS

____ FROZEN BERRIES; MELON, KIWI FRUIT, AVOCADO, LIMA BEANS, GREEN BEANS, PEAS, CARROTS, BRUSSEL SPROUTS, WINTER SQUASH, ZUCCHINI. ALL KINDS OF FRESH FRUITS, RED GRAPES (CUT), BANANAS, APPLE, ORANGE WEDGES ARE GOOD. START WITH SMALL AMOUNTS.

____ FINELY CHOPPED GREENS SUCH AS PARSLEY OR WATERCRESS ARE EXCELLENT.

____ RAW BONES: FRESH BEEF KNUCKLE BONE FOR LARGE DOGS, RAW CHICKEN WING FOR CATS AND SMALL DOGS. LIMIT TO 5-10 MINUTES DAILY, AND OBSERVE YOUR PET TO BE SURE HE OR SHE DOES NOT EAT AN EXCESSIVE AMOUNT OF FATTY BONE MARROW. EVENTUALLY CATS AND DOGS LEARN HOW TO EAT BONES WITHOUT COMPLICATIONS, BUT GO SLOWLY FOR A WEEK UNTIL THEY TEACH THEMSELVES HOW TO EAT THE BONE SAFELY.

Adapted from T. Aiken, Dr. Med. Vet., D.V.M.
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